City of Yukon Utility Billing Department

PO Box 850500 • 500 W Main • Yukon, OK 73085

405-354-1895 ♦ Fax 405-350-8909 ♦ customerservice@cityofyukonok.gov

PART (A) DEPOSIT TRANSFER

THIS SECTION TO BE COMPLETED BY EXISTING CUSTOMER

Two forms of identification are required; at least one must be a photo I.D.

Name on account	Addr	Address		
I hereby relinquish my utility of				
Signature	Date		~~~~	
PART THIS SECTION TO	(B) DEPOSIT TFD BE COMPLETED BY Fication are required; at least	RANSFER THE NEW CUST	OMER	
Legal Name (First)	(M.I.)(L	_ast)		
Service Address				
Billing Address, if different				
City				
Home Phone				
Your Social Security#	Your D	DL#	State	
	Spouse/Significant Other/Roommate Birth Date			
Spouse/Significant Other/Roomm	ate Full Legal Name			
Their Work Phone				
Their Social Security #				
Emergency Contact Name		Phone		
Prior Yukon Address(es)				
Own Home Rent Home				
I hereby certify that all the foregoing information my first month's bill. I further understand that find pay my final account balance will result in my a any additional collection agency charges and/or any additional collection agency charges.	on is truthful and accurate. I understa failure to pay my bills will result in my account being turned over to a collec	and that a transfer deposit fe y service being terminated.	e of \$20.00 will be added to	
Signature 2010		Date		